

6.0 Relocation and Community Outreach

6.1 How will the facility provide transportation for its occupants if it needs to evacuate? (check all that apply)

- ☐ Facility owns or leases its own vehicles
- ☐ Contract is in place with a transportation company

List name(s) of companies:

☐ Other (specify)

6.4 Has the facility identified sites to which it could relocate occupants in the event of an evacuation?

If so, what site(s) have been identified?

Have agreements been put in place for the use of these site(s)?

6.4 Has the facility formed a partnership with its neighbors and local community for assistance during a widespread emergency?

7.0 Emergency Contact Information

	HOME	CELL	WORK
Facility Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication Supplier	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director of Nursing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director of Security	<input type="text"/>	<input type="text"/>	<input type="text"/>
Linen/Diaper Service	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Generator Maintenance Co.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mechanical Repairs Co.	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREPAREDNESS  
CHECKLIST

1.0 Facility Information

Facility Type

Facility Name

Address

Phone #

Email

2.0 Occupant Profile

2.1 Total number of occupants:

Number of persons with vision impairment only:

Number of persons with hearing impairment only:

Number of persons with verbal impairment only:

Number of those with a combination of the above:

Number of persons who need assistance with walking:

Number of persons with mental disabilities:

Number of persons with dementia:

Number of persons who are ventilator-dependent:

Number of residents who can self-evacuate:

Number of residents who will need assistance to evacuate:

2.2 Has the facility provided training or information on emergency preparedness to residents?

3.0 Facility Description

3.1 If necessary, could the facility house staff?

How many?

3.2 Is the facility secured?

If so, what type of security system does it have?

3.3 Are there emergency outlets in all residents' rooms?

In common areas?

If not, how will the facility provide illumination in those areas without power?

3.4 Is there an emergency generator for the facility? Y / N

If so, where is it located?

What systems will be powered by the generator?

What is the size (power capacity) of the generator?

What type of fuel does the generator use?

What is the tank capacity?

How long will one tank of fuel last?

Who is your fuel supplier?

3.5 Are there oxygen tanks at the facility? Y / N

If so, where are they are located?

What type? and how many?

Who is the oxygen supplier?

4.0 Supplies

4.1 Does the facility maintain a three- to five-day supply of food and water (one gallon per person per day)? Y / N

Who is the supplier for food and water?

4.2 If there is water contamination or boiler failure the facility can provide sterile equipment from a stockpile for the following number of days:

4.3 If tap water is cut off, are there other means for hand washing? Y / N

4.4 A stock of the following medications is kept on hand: (list medications)

Where are the medications located?

4.4 Can the facility obtain additional medications in an emergency (after-hours and weekends)? Y / N

4.5 Are there extra linen supplies? Y / N

4.7 How does the facility process trash, medical waste materials and soiled linens?

4.8 In case of emergency the following communication devices are used (check all that apply):

- ☐ Land-line
- ☐ Cell Phones
- ☐ Fax lines
- ☐ Walkie-talkie
- ☐ Hand-held radio
- ☐ Public Address
- ☐ Pagers
- ☐ E-mail

4.9 Does the facility have a NOAA Alert weather radio? Y / N

4.10 The following supplies are maintained in the facility: (check all that apply)

- ☐ Flashlights
- ☐ Tarps
- ☐ Batteries
- ☐ Fans
- ☐ Dust masks
- ☐ Sanitary supplies
- ☐ Plastic sheeting
- ☐ Duct tape
- ☐ Changes of clothing
- ☐ Extra blankets
- ☐ Tools (rope, gas shutoff wrench, pliers, hammer)
- ☐ Battery-powered radios

4.11 Are these essential supplies readily available and in good working condition? Y / N

Where are the supplies located in the facility?

4.12 The following essential records are backed-up (duplicates maintained):

Personnel Files:

Client/Resident Files:

Administrative Records:

Contracts and Agreements:

Corporate Records:

5.0 Personnel

5.1 Total number of personnel: Average # of personnel per shift:

5.2 Does every shift have a staff member trained to operate the air handling system?

5.3 Are there in-house personnel able to repair electrical problems?

Y / N

Y / N

If so, who is responsible for this (5.3)?

5.4 Has the staff had training or been provided information on emergency preparedness? Y / N

5.5 In the event of an emergency, who will staff members first contact to activate emergency procedures?